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CONNECTICUT SITING COUNCIL
INTERVENOR STATUS REQUEST FORM

Docket/Petition No. 332

Town/City: Washington, CT

Name: Town of Washington

Address: P.O. Box 383, 2 Bryan Plaza

City: Washington Depot

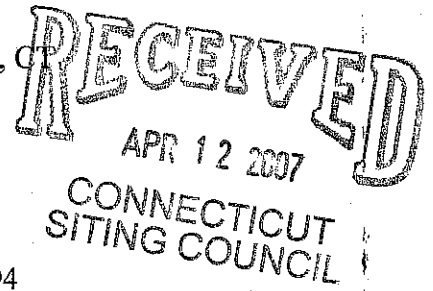
State: CT

Zip: 06794

Phone: 860-868-2259

Fax: 860-868-3103

E-Mail: first.selectman@washingtonct.org



1. Manner in which petitioner claims to be substantially and specifically affected:

Municipal government is principally obligated to protect the health, safety, and welfare of its citizens and natural environment.

2. Manner and extent to which petitioner proposes to participate:

Attend proceedings, submit reports and comments, present experts, cross examine witnesses

Copies of this request shall be mailed to all participants at least five (5) business days before the date of the hearing.

Signed

Date: April 10, 2007

Richard C. Sears
First Selectman, Town of Washington, CT